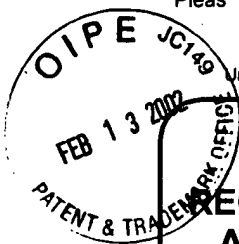


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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	10/017699
Filing Date	12/07/01
First Named Inventor	Scites et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Failure to pay for legal services rendered and failure to reimburse expenses.

1. ☐ The correspondence address is NOT affected by this withdrawal.  
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This request is enclosed in triplicate.

Name

Michael B. McNeil

Reg. No. 35,949

Signature

Date

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